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ABSTRACT

This report describes problems West Virginia State has experienced in serving children, especially those in poverty-stricken areas, and recommends ways to overcome these problems. In confronting these issues, the task force made recommendations in four topic areas: Reorganization and System Change, Education and Child Care, Teen Pregnancy, and Child Abuse. The task force identified state agency reorganization as a necessity, suggesting that the needs of families be the focus of any reorganization effort. The report suggested that departments serving public health, education, finance, and human services coordinate their efforts to provide community-based services for children, youth, and families. This "continuum of care" should include: assessment, prevention, early intervention, home services, respite care, foster homes, and residential treatment. The task force found shortages of affordable child care, preschool programs, and educational opportunities for at-risk youth in West Virginia. It recommended: development of child-care tax credits, information and referral networks, and expanding early-childhood education programs. The task force also recognized a lack of available primary health care, measurable teenage pregnancy problems, and a lack of centralized information about health services. It recommended: expanding Medicaid eligibility, increasing health education (including a teen pregnancy program), and establishing incentives for health professionals to practice in rural areas. Regarding child abuse, the task force recommended: an extensive public-information campaign, inservice training for law-enforcement officials, and increasing the number of state child protective-services workers. (TES)

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The Governor's Task Force on Children, Youth and Families

RC017794

September, 1989

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MESSAGE FROM THE GOVERNOR

Several months prior to my election, the West Virginia Human Resources Association issued a report entitled "Children in Crisis: a State of Risk." The report exposed the tragedy of poverty facing our children and families. This tragedy has escalated during the last decade and threatens West Virginia's economic future.

In response, one of my first actions as governor was to call for the formulation of a task force to examine the plight of many of West Virginia's children and families. The Governor's Task Force on Children, Youth and Families was charged with developing investment strategies to overcome these difficult problems.

I applaud the Task Force members for devoting their time and energy to this plan of action. This report symbolizes the formation of a partnership among our state's public, private, and political leadership. It is a significant first step toward making children our number one priority and creating an environment in which they can achieve their full potential.

Sincerely yours,

Gaston Caperton

Gaston Caperton
Governor

MESSAGE TO THE GOVERNOR

On behalf of the Governor's Task Force on Children, Youth and Families, we are pleased to present you with these findings and recommendations. It is our hope the "Report of the Governor's Task Force on Children, Youth and Families" will provide a useful analysis of options to improve the health and well being of West Virginia's children and families.

The problems addressed by the Task Force are not just "children's issues;" they are serious economic issues. Owen B. Butler, former Chairman of the Procter and Gamble Company and member of the Committee for Economic Development, said last February during his visit to Charleston that improving the prospects for disadvantaged children is not an expense but an excellent investment, one that can be postponed only at a much greater cost to society.

This report is issued at a time when many important public policy decisions are being made which affect the children of the state. We urge you and all of West Virginia's leaders to use this report as a guide for immediate action on these key issues.

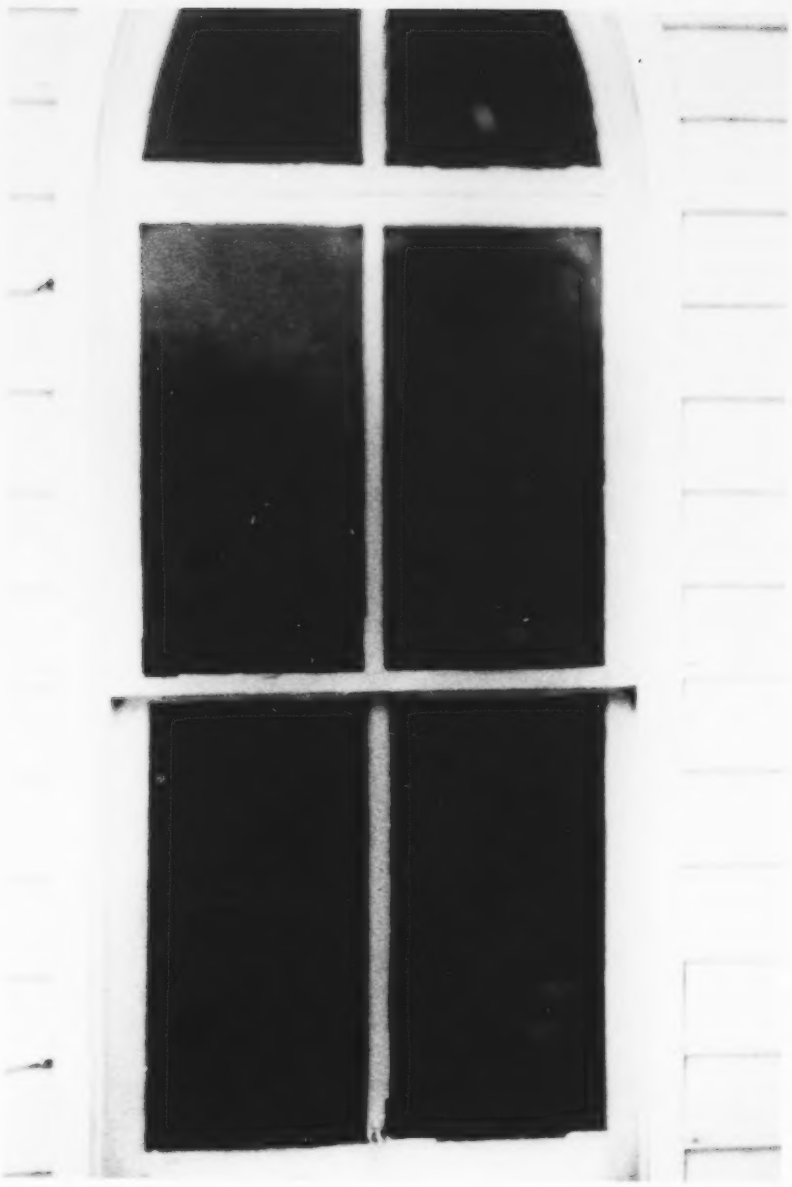
The Task Force submits this report with four general recommendations and twelve specific proposals for change. To monitor the implementation of these proposals and continue statewide advocacy for children, we recommend that an independent organization be established to succeed the Task Force.

We thank you for the opportunity to lead the Task Force in its mission and we commend your foresight in addressing the problems which threaten West Virginia's future.

Sincerely,

Dee K. Caperton
Co-Chair

Lawson W. Hamilton, Jr.
Co-Chair



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EXECUTIVE SUMMARY

In October, 1988, the West Virginia Human Resources Association released its report, "Children in Crisis, A State at Risk." The report presented a grim picture of the lives of children in West Virginia. The presentation of this report to Governor Caperton in February, 1989, prompted the creation of the Governor's Task Force on Children, Youth and Families. This Task Force was given a mandate to identify the obstacles to success encountered by West Virginia's children and recommend ways to overcome those obstacles.

The Task Force members are some of the state's most influential and respected business, labor, community and religious leaders. They were called upon to apply their knowledge, experience, and problem solving skills to the crisis which is depleting our state's most valuable resource - our children.

An Advisory Council including professionals in health care, mental health, human service, and education as well as child advocates was formed to guide and assist the Task Force.

To gather the information necessary to make recommendations, a variety of activities was planned. Seven regional fact-finding missions were scheduled. These field days included visits to facilities addressing the concerns of children and families, conversations with members of families in need, and public meetings. During the public meetings, citizens from many West Virginia communities voiced their opinions on family issues to the Task Force members. All these events were designed to convey the harsh reality of the lives of many of the state's children.

Upon completion of the series of public meetings, the Task Force members gathered to compare their experiences. Several themes emerged from this exchange: members were unaware that children are subject to such unacceptable conditions; they heard the cry for change in the system of service delivery throughout the state; they were impressed by the dedication of the professionals who work with so few resources to improve the lives of West Virginia's needy families; and they wanted to find ways to participate in programs which help these children and families.

Subcommittees were then formed to examine in detail the issues of child care, education, health care, abuse, and reorganization. The subcommittees conferred with legislators and other authorities on state and federal initiatives pertaining to these issues.

After considering many factors, recommendations were proposed. An overriding influence on these recommendations was the acknowledgement that funds to solve these problems are limited. Because of federal budgetary constraints, the flow of federal monies into West Virginia has slowed significantly. Additionally, the state has few options for generating more revenue. Therefore, creative partnerships between different levels of government and the private sector are encouraged. Some issues, however, must be addressed by the state alone, and the Task Force urges Governor Caperton and the State Legislature to act upon them quickly.

This report is a starting point. It presents a series of recommendations which can initiate the long term changes necessary to improve the lives of all West Virginians. The Task Force issues a challenge to Governor Caperton and his administration, the State Legislature, private leadership, and every citizen throughout the state to act together to secure West Virginia's role as a leader in the next century.

GENERAL RECOMMENDATIONS

As Task Force members gathered the information required to make their recommendations, they were confronted by a tremendous number of important issues. In order to formulate a plan of action, it became necessary to categorize these issues. The Task Force therefore decided upon four topic areas and began with the following broad recommendations as general guides.

Each of the four areas of recommendation -- Reorganization and System Change, Education and Child Care, Health Care and Teen Pregnancy, and Child Abuse -- will each be explored in detail throughout this report, with specific suggestions addressing various aspects of each problem.

GENERAL RECOMMENDATIONS

REORGANIZATION AND SYSTEM CHANGE

As West Virginia initiates a reorganization of its state agencies,the Task Force recommends that the needs of families be the primary focus of this reorganization. The Departments of Health and Human Resources, Education, and Finance should coordinate their efforts and provide services in response to the needs of children, youth and families. These services must be community based so they effectively respond to community and individual needs. To accomplish this, administrative reorganization must occur on local, regional, and state levels.

EDUCATION AND CHILD CARE

Quality life-long educational opportunities can provide the foundation for a healthy, happy and productive life. These opportunities must begin before a child enters school. Therefore, the Task Force urges the expansion of early intervention or pre-school programs which incorporate education for both parent and child as well as screening for health and developmental problems.

Early intervention and pre-school programs offer an excellent way to integrate education and child care. The Task Force encourages public-private initiatives to develop these programs.

HEALTH CARE AND TEEN PREGNANCY

The availability of health care is a problem throughout West Virginia. Increased access to preventive medical care, including pregnancy education programs, prenatal care, and well baby care, can lead to healthier children. Educating young people about preventive health care is strongly encouraged by the Task Force.

To address the shortage of medical personnel in many rural communities, the Task Force advocates education loan forgiveness to health care professionals who agree to practice in underserved areas.

CHILD ABUSE

In an effort to prevent child abuse, the Task Force recommends the development of a public information campaign to heighten awareness of the tragic effects of domestic violence, neglect, and sexual and physical abuse. The Task Force also encourages expansion of services to children and families who suffer from this abuse.

REORGANIZATION & SYSTEM CHANGE

As members of the Governor's Task Force traveled throughout the state on their fact-finding missions, they were impressed by the commitment and professionalism of those who serve West Virginia's children, youth and families. The Task Force realized that the efforts of service providers are often frustrated by a lack of funding and bureaucratic barriers. At public meetings and in individual conversations, it was often stated that the system for delivery of assistance to those in need must be improved.

In response to these findings, the Task Force has proposed two recommendations for reorganization and system change. Implementation of these recommendations will provide an opportunity to make the system work more efficiently and effectively for West Virginia's children.

REORGANIZATION & SYSTEM CHANGE

FINDINGS	RECOMMENDATIONS
Children, youth, and families have needs which require the services of many state agencies. Increased interagency cooperation would improve these services.	Reorganize service delivery of local, regional, and state levels to respond to the needs of children, youth, and families. These services require interagency cooperation and should be community-based.
The needs of at-risk families vary in frequency and intensity. The current system of delivery does not effectively accommodate these needs.	Develop a system to deliver the variety of services needed by children and families. This "continuum of care" should include assessment, prevention and early intervention, a variety of in-home services, respite care, therapeutic foster family homes and group homes, and residential treatment centers.

REORGANIZATION & SYSTEM CHANGE

ANALYSIS

RECOMMENDATION:

Reorganize service delivery on local, regional, and state levels to respond to the needs of children, youth, and families. These services require interagency cooperation and should be community-based.

As West Virginia reorganizes its state agencies, an opportunity exists for a fundamental change in the way the state delivers its services to children and families. Through discussion, public testimony, and correspondence with human service professionals, the Task Force has concluded that a successful reorganization plan for the Departments of Health and Human Resources and Education is of paramount importance.

The Task Force endorses provision of services that are client- based, community driven, and comprehensive. Planning and financial support should be provided by the state. Monitoring and evaluation should be a regional responsibility, and local caseworkers should be given the resources to ensure the health and welfare of all needy families.

"One-stop shopping" for services in each county should be facilitated through the development of a case management system. One case manager would be assigned to each family, serving as an intermediary with the ability to access and monitor a wide variety of services. These services may be supplied by state agencies, private non-profit organizations or other providers. Therefore, at-risk families would receive more personalized and comprehensive assistance while resources would be better coordinated and allocated.

The Task Force recommends that the Department of Health and Human Services integrate human service administrative regions with the newly created Governor's Partnership Council regions. Human resource development, such as job training for low-income persons, is essential for economic development. Regional coordination would enable Partnership Councils to receive input from the human service sector to more completely plan and administer economic development programs.

Reorganization is a complex task requiring detailed study. In addition, restructuring requires objectivity to ensure that impartial decisions are made. The Governor's Task Force commends Governor Caperton for hiring an outside, professional management consultant to direct the reorganization of the Department of Health and Human Resources. The Task Force recommends that this consultant also work with staff at all administrative levels, recipients of services, direct providers and community leaders to implement reorganizational changes.

REORGANIZATION & SYSTEM CHANGE

ANALYSIS

RECOMMENDATION:

Develop a system to deliver the variety of services needed by children and families. This "continuum of care" should include assessment, prevention and early intervention, a variety of in-home services, respite care, therapeutic foster family homes and group homes, and residential treatment centers.

Problems like poverty, alcohol and drug abuse, ineffective educational systems, and a lack of community support place incredible burdens on families and limit their ability to provide for their children. Unless these situations can be improved, many children of disadvantaged families will end up in expensive state care. An effective solution to this dilemma is the provision of a continuum of care with stability for children as its goal. If supportive programs are available to at-risk families, fewer children may need to enter out-of-home care. Additionally, alternative programs can become more effective for those children who require special care. (1)

A vital feature of a "continuum of care" plan is permanency for children in need of care. To ensure that stability is the goal of child welfare, policies that strengthen families must be adopted. In-home, family-based treatment can be effective for children and youth who are neglected, abused, delinquent, or have mental and/or emotional problems or developmental delays. This type of treatment is the core of the continuum of care model.

At the beginning of the continuum of care are preventive and educational services to families with only a mild risk of developing problems. These include screening and assessment, treatment planning, monitoring, and counseling. For families at a moderate risk level, 24-hour crisis intervention services and intensive community-based treatment programs must be available. These programs serve as family preservation mechanisms. If a child must be removed from the home, reintegration into the home, rapid permanent placement in a substitute family, or independence in the case of young adults is imperative. A homelike and normative setting is most appropriate for care.

REORGANIZATION & SYSTEM CHANGE

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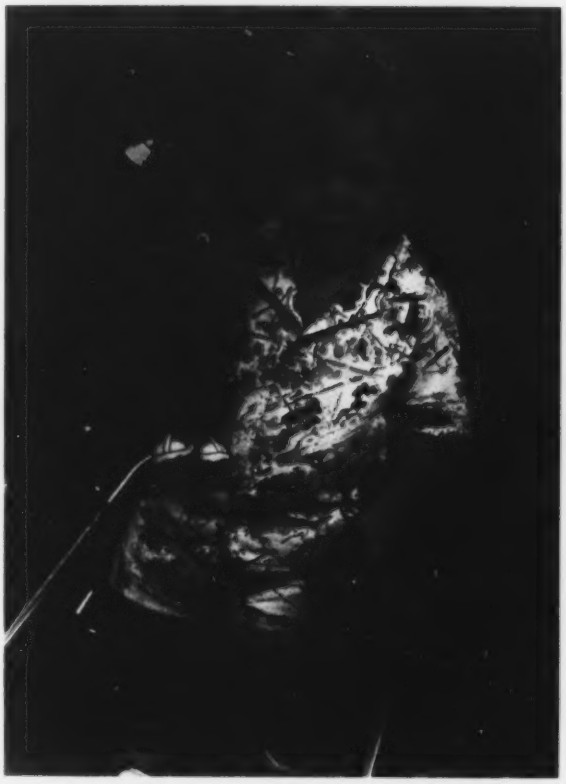
Services designed to prevent abuse and neglect specifically targeted toward improving parenting skills are more effective and less expensive than crisis intervention and later correction of these problems. It is vital that these services be expanded and improved throughout the state. Due to the lack of resources, Child Protective Service personnel are rarely able to intervene until the abusive situation reaches crisis proportions. Because community-based care is unavailable and the number of foster homes is inadequate, at-risk children are frequently institutionalized. Eventually, these children are exported to out-of-state facilities, which is neither fiscally prudent nor in the best interest of the children. In the spring of 1989, there were 106 children in group homes outside of the state at an approximate daily cost of $9,702.(2). This number should be reduced as quickly as in-state care alternatives can be found.

Traditional and supportive foster care is the most effective alternative to in-home care. The current foster care system, however, should be reassessed. In early 1989 there were 2,200 children in some form of foster care in West Virginia and far more in need of this care.(3) Services for families providing foster care are inadequate to meet their needs and thus discourage more families from providing foster care. The Task Force urges the provision of more education for foster families and more institutional support for these providers.

If foster care is inadequate for a child's needs, residential counseling centers may be able to provide the necessary treatment. Also, psychiatric hospitals can provide short-term, in-patient care with the goal of reintegrating the child into a more homelike setting as soon as possible. The last resort in out-of-home care is intermediate long-term psychiatric hospital care. No child who can be treated in a less restrictive setting should be placed in a residential treatment center due to lack of availability of lower-intensity levels of care. The Task Force recommends that federal money for juvenile programs be shifted away from large institutions and into smaller community organizations. Expansion or new construction of these large facilities should be curtailed until needs are accurately assessed. West Virginia has begun to tighten the criteria for detention of troubled youth. This allows many young people to be treated in less restrictive settings; these settings must be provided.

EDUCATION & CHILD CARE

The Governor's Task Force has found that there is a state-wide shortage of preschool education programs, quality and affordable child care, and educational opportunities for those who do not function well in traditional school settings. Preschool education programs, while the best and most cost-effective methods to redirect the lives of at-risk families, are in short supply. The dramatic increase in the number of working parents has made quality and affordable child care essential. Students who drop-out of school need an educational program in which to "drop in" and learn job skills.



Two recommendations address the affordability and availability of child care for working families. Also, the Task Force has made two proposals regarding early and alternative educational programs that will help ensure the health and well-being of West Virginia's children and families.

EDUCATION & CHILD CARE

FINDINGS	RECOMMENDATIONS
Working parents need assistance to locate quality, affordable child care.	Incorporate child care into a statewide, county, or regionally based information and referral network.
Families are often unable to afford quality child care.	Pursue innovative methods of financing child care by offering personal state income tax credits, implementing the Family Support Act, and urging passage of the Act for Better Child Care.
Early childhood and parent education programs for disadvantaged families are effective strategies to improve later school performance and develop parenting skills.	Develop and expand existing early childhood and parent education programs. In counties that do not provide such programs, implement the Home-Oriented Preschool Education (HOPE) project.
Many at-risk youth do not perform well in the traditional public school setting.	Encourage local educational authorities to pursue alternative education programs.

EDUCATION & CHILD CARE

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RECOMMENDATION:

Incorporate child care into a statewide, county or regionally based information and referral network.

West Virginia's work force has changed drastically in the last twenty years. Labor force participation for mothers has climbed steadily. Today, 32 percent of West Virginia's mothers with children under six years, and 46 percent of mothers with children aged six to seventeen, are in the work force. In addition, 18 percent of West Virginia's children are in single-parent families.(4)

The demand for quality child care has climbed rapidly as the number of two-income and single-parent families has grown. The Governor's Task Force has found that there is an urgent need to assist working parents in locating quality, affordable child care.

Quality child care can contribute greatly to a child's early development. It can also help provide preschoolers and school-aged children with a positive self-image which is essential for a happy and successful life.

Child care is also a serious economic issue. For many two parent families, the availability of quality, affordable child care is a financial necessity that enables both parents to work and make ends meet. For the single parent, access to child care may be the determining factor in staying out of poverty.

State businesses also have a stake in child care. Studies have shown that parents lose five to nine working days a year due to child care problems. When working parents have quality child care, businesses benefit from reduced absenteeism, reduced turnover, and improved productivity. (5)

The Task Force found that information about child care programs and services is incomplete and insufficient. Due to the absence of a central mechanism to assist parents in finding care, locating quality child care is often a process of trial and error.

"The people who are dropping out of our educational system must have some educational program to drop in to."

Sam Bonasso, Task Force Member

EDUCATION & CHILD CARE

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Child care information should be incorporated into a statewide, county- or regionally-based information and referral directory. This type of network is discussed in detail in the section of this report entitled "Health Care and Teen Pregnancy." A child care component of the information and referral system could help match parents with available family and group child care.

Currently, West Virginia requires the registration of group child care centers and provides for the voluntary registration of family child care centers. As part of the referral system, excellent child care providers could be recognized, thereby assisting parents in making quality choices for their children's care and encouraging registration by family child care providers. This type of service can provide parents with information on available child care options so that a decision does not have to be made between supporting a family and caring for children.

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RECOMMENDATION:

Pursue innovative methods of financing child care by offering personal income tax credits, implementing the Family Support Act, and urging passage of the Act for Better Child Care.

Child care is expensive. It costs an average of $3,000 per year per child for full-time child care. Single mothers who are raising one or more children younger than six years have a median income of $6,595. The annual cost of child care for one child would consume nearly half the yearly income of such a family.(6)

Federal initiatives can help West Virginia alleviate the financial burden of child care. The Task Force requests that the state provide the necessary matching funds to implement the child care provisions of the Family Support Act of 1988. The Act provides AFDC recipients with education and job training and child care support. Also, the Task Force strongly endorses the Act for Better Child Care (ABC) which would make decent, safe, and affordable child care available to children of median and low income parents.

Hardest hit by the costs of child care are the working poor. Under the provisions of the Family Support Act of 1988, this problem increases for the working poor because the Act provides market rate child care to those receiving AFDC payments but does not increase the amount of the existing child care supplement for those not receiving AFDC.

The Governor's Task Force recommends that the State of West Virginia offer a personal income tax credit for child care costs. This tax credit could ease the financial burden of child care for all families in West Virginia. Thirteen states currently offer such a credit, and an additional thirteen offer other types of tax relief from child care costs. The credit could be tied to the current federal child care tax credit, minimizing administrative costs. It would increase the minimum income level at which working parents must pay state income tax. The credit would not only help the working poor, but all working parents. The costs to the state in lost revenue are minimal; therefore, this type of program is a realistic way to aid working families.

EDUCATION & CHILD CARE

ANALYSIS

RECOMMENDATION:

Develop and expand existing early childhood and parent education programs. In counties that do not provide such programs, implement the Home-Oriented Preschool Education (HOPE) Program.

Preschool education is a proven human and economic investment in West Virginia's future. Children enrolled in preschool programs are more likely to be literate, employed, and enrolled in post secondary education. They are less likely to be school dropouts, dependent on welfare, or arrested for criminal or delinquent activity.(7)

Moreover, studies show that the benefits of preschool programs such as Head Start exceed the costs. Research indicates that every $1 invested in high quality preschool education saves almost $5 in lower costs for special education, public assistance, and crime.(8)

Although early intervention programs have demonstrated the ability to break the cycle of poverty and despair, the Governor's Task Force has found that funding for Head Start and other preschool education programs is inadequate and short-sighted. As a result, Head Start in West Virginia serves less than fifty percent of eligible three- and four-year-old children.(9)

West Virginia must heed the warning of the Committee for Economic Development, a national group of business leaders and educators, which states: "Unless society intervenes early in the lives of children in need, the nation will be forced to confront an expanding pool of young people who are equipped neither to learn nor to work."(10) The Committee on Economic Development predicts a serious shortage of qualified workers unless early intervention programs are expanded to improve students' academic skills and graduation rates. Therefore, local education authorities, with federal and state support, should expand and enhance current preschool programs.

The state's congressional delegation is urged to support full federal funding for Head Start so all eligible three- and four-year-old children in West Virginia are able to participate.

Public school funding is based on demographic information. The Task Force recommends that counties with declining student populations implement preschool programs for three- and four-year- olds. Counties would both improve educational services and maintain funding levels.

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In areas where traditional preschool programs are nonexistent and cannot be supported by local resources, the Governor's Task Force recommends implementation of the Home-Oriented Preschool Education (HOPE) program. HOPE, a project piloted in rural West Virginia by the Appalachia Educational Laboratory as an alternative to kindergarten, is an effective program that is inexpensive to maintain.

HOPE is well suited to the developmental and school preparation needs of rural and small town children and their families. HOPE helps prepare children and their parents for school through its combination of daily television lessons, weekly paraprofessional home visits to families, printed materials corresponding to TV lessons, and weekly group experiences for children in mobile classrooms.

The program is effective. Nearly two decades of research conducted by the Appalachia Educational Laboratory confirms that HOPE helps prevent school failure and dropout. In one study, the dropout rate of HOPE students was less than one-half of the average rate. HOPE's effects on parents of at-risk preschoolers were also favorable. HOPE parents were more interested and involved in their child's learning and had improved relations with their child's school administration. The HOPE program helped parents and they in turn helped their children.(11)

Partnerships between businesses and early education programs are encouraged by the Task Force. Private-public alliances with Head Start would provide additional funds to expand the program and serve a greater number of eligible children. To reintroduce the HOPE project in areas without Head Start, funds would be required for television production and other initial activities. This would be an excellent opportunity for several private entities to provide funding for a proven preschool program.

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RECOMMENDATION:

Encourage local education authorities to pursue alternative education programs.

Outside forces like poverty, drug and alcohol abuse, racial barriers, and physical and emotional disabilities; the prevalence of abuse/neglect and homelessness; and the lack of proper role models can negatively influence learning. "Family stress, financial hardship, physical disability, and lack of friendly support by adults may all play a role in individual decisions to leave school."(12) Poverty, in particular, often results in poor school performance, leading to the despair that precedes dropping out of school.

"More business involvement in education is needed. We must issue a challenge to the business community to get involved with the schools."

Robert Fowlkes, Task Force Representative

Public education should "offer varied learning experiences that take advantage of the abilities of these students," rather than ignoring "them because they do not fit 'the proper mold.'"(13) Many of the disadvantaged youths who manage to stay in high school long enough to graduate enter the work force with inadequate skill levels to survive in a job market that requires more extensive academic skills than those of any previous generation. (14) And the economic consequences of leaving school unprepared to hold any but the lowest-paying jobs are distressing.

The Family Support Act of 1988 is a major step toward providing educational opportunities for those who have been unsuccessful in a traditional public school setting. The Act mandates education and job training programs for recipients of Aid to Families with Dependent Children (AFDC) (15). Implementation of the provisions of this landmark legislation is a crucial component of West Virginia's efforts to equip these citizens with the necessary skills to enter the work force and gain control of their lives.

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Effects of this legislation will not be realized immediately; therefore, other actions must be taken in the interim. AFDC payments should be increased to allow the program to function as originally intended: as a temporary source of aid rather than a long-term subsistence program. If the payments were increased periodically, fewer families would be caught in the cycle of poverty. As with Medicaid, AFDC is funded with a 3 to 1 federal-to-state dollar match .(16) A small increase in the state's financial commitment to AFDC would result in a significant expansion of total expenditures. This effort to keep children out of poverty could reduce the need for other methods of educational and health care intervention.

One program which successfully provides alternative education opportunities is the federal Job Corps program. The program offers job training and basic education for eligible youths at no cost. Trainees receive meals, housing, books, a clothing allowance, spending money and a savings fund. The program allows dropouts to complete their studies for a GED or train full-time in their chosen skill and take college preparatory courses. Additionally, Job Corps provides an information and referral service of employment opportunities to its participants.(17) The Task Force urges expanded corporate and labor participation in the Job Corps programs in all communities.

The problem of public schools not meeting the needs of at-risk students is not unique to West Virginia — the United States has not developed effective educational and training programs for the millions of teenagers who do not function well in mainstream classrooms or who are not college-bound. These people, too, "aspire to succeed, to find a niche in the workplace where they can make a living, raise a family, and earn respect in the community."(18) Despite the national scope of these problems, the solutions should ideally begin at the local level.

A solution to this problem is a "drop-in" education project for those who drop out of high school. These youths should have access to alternative school settings, including vocational education in junior high schools, in which they may be more likely to succeed. These programs should be developed in communities through partnerships between local businesses, labor, and school systems. Such alternative schools operate throughout the nation, and they often combine job training and apprenticeships with remedial education for dropouts. The

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programs provide students with a traditional education as well as instilling the life-planning skills and vocational training necessary to succeed in the job market. Alternative schools could be made available for the youth of West Virginia and funded with federal monies and private contributions. These projects should address academic, counseling, and career or vocational concerns and should be equipped with the same sort of employment information and referral service present in Job Corps programs.

Pregnant and parenting teens present another special challenge to the public school system. The added responsibilities and time constraints of raising a family severely limit educational opportunities. These teens — both mothers and fathers — might also have a better chance to succeed in special alternative school settings. It is also possible for them to remain in a public school setting with the additional services of child care and flexible schedules which would allow parents to obtain health care for their children.

HEALTH CARE & TEEN PREGNANCY

The Task Force has recognized that the lack of availability of primary helath care is a problem requiring immediate attention. The urgent need for care was expressed again and again to the Task Force members as they spoke with citizens and care providers throughout the state. Both personal testimony and statistics supported teen pregnancy as perhaps the most pressing health care issue, and one requiring solutions distinctly aimed at its prevention. The lack of transportation to health care facilities was also noted as an obstacle in many areas of the state. A third issue which surfaced in Task Force investigations was the need for a centralized information and referral network of health care services.

In response to the demonstrated need, the Task Force presents three recommenations aimed at improving preventive health care and making information about such care readily available.

HEALTH CARE & TEEN PREGNANCY

FINDINGS	RECOMMENDATIONS
Poor children, youth, and families often have difficulty obtaining necessary health care.	Increase access to medical care by expanding Medicaid eligibility, increasing the protected income level, and developing innovative transportation systems.
The importance of preventive health care is not widely understood.	Educate West Virginians about preventive care through an extensive public awareness campaign. One focus of the campaign must be the prevention of teen pregnancy.
Many rural areas suffer from a shortage of doctors and other medical professionals.	Give health care professionals incentive to practice in rural areas through an education loan forgiveness program.

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RECOMMENDATION:

Increase access to medical care by expanding Medicaid eligibility, increasing the protected income level, and developing innovative transportation systems.

Programs directed toward safeguarding the health of our children should be readily available statewide. This preventive care is vitally important since it reduces the incidence of health emergencies and illness throughout life. Unfortunately, access to preventive care and health care in general is limited for a variety of reasons: many financial obstacles to adequate care exist; in rural areas, lack of transportation to health centers is a major barrier to receiving medical care; and in some areas, there are simply not enough health care programs to meet the needs of the people. Increasing access to care therefore requires a multi-faceted plan.

There were 31 million uninsured Americans in 1987 (19), leaving many families with little or no insurance and thus unable to afford medical care. In 1986, there were 298,653 uninsured persons in West Virginia, 32.2 percent of whom were under the age of seventeen.(20) 15.9 percent of West Virginians have no insurance.(21) Low income families without employer-provided coverage face difficult choices. They can neither afford to pay directly for necessary services nor afford to purchase insurance plans. The state should pursue ways to fill the gaps between public and private health insurance coverage for these families. "The United States has no uniform public health insurance program for lower income families with children that parallels Medicare's blanket coverage of the elderly and the long-term totally disabled."(22) In addition, the number of disadvantaged children covered by Medicaid fell from 66 percent in 1976 to 49 percent by 1986." (23)

Medicaid eligibility requirements were redefined by the federal government in 1986 to enable all pregnant women and infants with family incomes less than 185 percent of the federal poverty level to receive benefits.(24) In West Virginia, Medicaid presently covers pregnant women and infants less than one year old with family incomes less than 150 percent of the federal poverty level and children aged 1-8 years with family incomes less than 100 percent of the level.(25) The state is encouraged to establish the remaining federal Medicaid options to raise both of these income levels to 185 percent.

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Payment schedules for Medicaid also require extensive re-evaluation. The low level of state reimbursement to care providers results in many areas with few doctors, especially obstetricians, who will treat Medicaid patients.(26) Another barrier to treatment is the threat of malpractice litigation. The Omnibus Health Care Act of 1989 provides for the state to assume the malpractice liability of obstetricians when they deliver the babies of Medicaid patients.(27) As physicians become aware of this provision, it is hoped that they will be more receptive to providing care for these patients.

In the late 1960's, a federal program was established as a part of Medicaid to ease the health care burden of the working poor. Protected income levels were established to safeguard these families from the crippling effects of unexpected medical costs. These levels have not been raised since the program began. (28) For this program to be successful, the protected income levels must be adjusted to reflect current costs of living.

Many West Virginians who live in rural areas experience a severe transportation problem. Rural communities are isolated from larger towns with medical centers, leaving families without automobiles cut off from health care facilities. Several alternatives are available to improve this situation. For instance, taxis could operate in their "down time" to transport Medicaid clients to medical care facilities. "Down time" refers to the time between normal cab fares, during which drivers could earn additional income. The state could contract with these companies to provide the service at a reduced rate using funds supplied by Medicaid, with the reduction in the rate serving as the state's Medicaid match.

"We must help those who need services as well as prevent the creation of another generation of needy"
Sam Somerville, Task Force Member

Every county in West Virginia uses a fleet of school buses to transport public school students. Legislation should be enacted to allow these buses to be used as a rural public transportation system. Those living in rural areas could ride buses which have extra space into towns with health care facilities.

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Extra space in the vans used by senior citizens' organizations could also be used to transport people from rural areas to health care centers. A public-private partnership could be developed in which local businesses support approximately 25 percent of the transportation costs, while federal funds provide the other 75 percent. Federal Medicaid dollars currently cover 76.14 percent of transportation costs.(29) These funds can be better utilized by urging local businesses to provide the state's matching funds. This project would result in dual benefits for the state: increased access to health care for those in need and increased income for the senior citizens' organizations. In addition to these recommendations, the Task Force urges civic organizations and churches to use their resources to develop other community based systems of transportation.

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RECOMMENDATION:

Educate West Virginians about preventive care through an extensive public awareness campaign. One focus of the campaign must be the prevention of teen pregnancy.

Unwanted teen pregnancies are a national tragedy. In 1988 in West Virginia, 17.0 percent of all births were to teenage mothers. (30) The children of teenage mothers are more likely to be premature and to suffer from low birthweight, which predisposes them to many future health problems.(31) Early childbirth is often connected with the limited development of skills and experiences, thereby reducing the earning capacities of teenage mothers.(32) Since teen mothers are often unmarried and poor, "these women-children" tend to bring up their children just as they were raised — "in similar environments of hopelessness." (33) Thus teen pregnancy contributes to the cycle of risk and despair by "perpetuating another generation of children in poverty." (34)

An extensive media campaign is an effective method of informing the public about the availability of preventive health services. The campaign should be especially focused on teen pregnancy prevention and include radio and television announcements and printed posters. The radio and television announcements would concentrate on educating parents and other concerned members of the community about the crisis proportions of the teen pregnancy problem and how it can be averted. The posters would be printed for dissemination to elementary, junior and senior high schools as daily reminders of the consequences of teen pregnancy. Male as well as female responsibility must be emphasized.

Another essential component of a plan to increase public awareness of health care options is a statewide, county, or regionally based information and referral service. These networks exist in the more densely populated areas of the state, providing regional access to information. The availability of these services, however, is not well publicized. A campaign to increase awareness of their existence must be undertaken. Additionally, regional information and referral services should be expanded to encompass all fifty-five counties. Support for the services could be provided by local Chambers of Commerce, County Commissions, local foundations, service providers and volunteers.

These networks must provide information about the services themselves, including eligibility, location, hours, and cost, if any. A directory listing medical services, counseling, ther-

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apy, protective services, social services, emergency shelters, food and clothing services, and community education programs should be published. Pocahontas County has published such a directory of twelve hotline numbers and thirty-six programs available to the public. The directory was funded by private contributions from the community. Uniform statewide guidelines for the development of a network of county-based information and referral services would help West Virginians access a wide variety of services.

Local participation in the development and maintenance of information and referral services is vital. Volunteers should be encouraged to help provide these services and should be given the necessary training.

The Governor's Task Force recommends that a voluntary state service corps be developed. By tapping the vast energies of young people and senior citizens for this corp, it would provide a highly flexible resource for human service efforts statewide. Examples of volunteer activities include work in day care centers, literacy programs, housing project and nursing homes. As an incentive for young people, tuition waivers could be provided to state universities, colleges, and vocational centers.

West Virginia's children must also be exposed to education about health care. The present health education program requires that students study health each year from kindergarten through eighth grade and an additional year in ninth through twelfth grade. In each grade, the program takes a general and superficial approach to cover many health issues rather than a comprehensive approach on a few issues. Though formal results on the effectiveness of this program have not been compiled, the high rate of teen pregnancy reveals its weakness. For example, in 1988 West Virginia had 3,677 teen births; 662 of these were mothers between the ages of 11 and 16. (35)

The State Department of Education should collect information on the effectiveness of instruction. The department should also consider modifying the current health program with a curriculum in which each semester concentrates on specific issues such as decision-making skills and nutrition and covers them in depth. Succeeding semesters would build on previous topics and introduce new topics. Though health care instructors are required to have some background in health education, they often lack current knowledge about diseases and methods of instruction. To ensure

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quality instruction, teachers should be required to attend educational meetings presented by health care and other professionals from the state university system. The health education curriculum should not depend entirely on a single teacher but a team of community experts in health care, counseling, nutrition and decision making. Training and back-up support for such community teams should be provided by professionals from the state university system.

Preventive health care programs should be expanded and improved throughout the state. Corporate and government support is encouraged for programs in the areas of teen pregnancy prevention, prenatal care, and well baby care, all of which improve pregnancy outcomes and children's health over the long term. A hospital outreach program could achieve these goals. Trained community mothers could provide pregnant women with information supplied by hospitals about diet and nutrition guidelines. New mothers, especially those of premature babies, must be taught about their babies' special needs. Home visits by nurse practitioners or licensed practical nurses could ensure that mothers of premature babies provide the proper care. Follow-up for healthy babies could be provided by another group of local mothers, trained and monitored by local hospital or clinic staff.

Establishing the Special Supplemental Food Program for Women, Infants, and Children (WIC) as a federal entitlement program would ensure the consistency of service for eligible women and children by securing a minimum funding level for the program each fiscal year. To serve a larger part of the eligible population, WIC has undertaken several innovative cost-reduction measures such as the use of an open market procurement process for infant formula. The dollars saved will be used to serve more eligible women and children. This policy could be expanded to include procurement of all commodities.

Several other states have implemented a WIC Farmers' Market plan which expands the WIC program to include fresh fruits and vegetables from Farmers' Market distributors. This agreement supplies WIC recipients with an important nutritional supplement and allows independent farmers to benefit through an expanded agricultural market. A public-private partnership should be formed to bring this program to West Virginia. The West Virginia University Extension Services, local farmers, WIC, and the state Department of Agriculture should all be involved in order to make produce more readily available and provide corresponding educational programs on the preparation of this produce.

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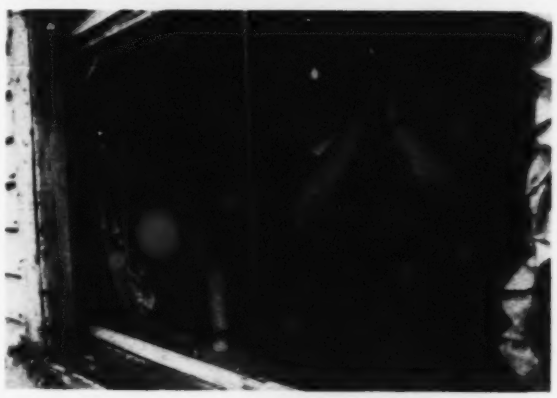
RECOMMENDATION:

Give health care professionals incentive to practice in rural areas through an education loan forgiveness program.

Rural areas often have difficulty attracting physicians and other health care professionals. The absence of medical personnel creates a serious access problem for the residents of these communities. The state must immediately address this shortage.

In 1988-89, the West Virginia Division of Health initiated a State Loan Repayment Program for physicians in order to augment the number of health care professionals in the state. Under the program, loans are repaid with a three to one federal to state dollar match.(36) To be eligible, participating physicians must agree to work in underserved areas of the state for two, three, or four years, depending on the amount of the loan.(37) State higher education dollars should be dedicated to this project. The state's investment would yield the direct return of improved health care as well as the long-run dividend of a healthier, more productive population. Five physicians participated in the program in its first year, and because of the success with these doctors, it is recommended that the program be expanded to include physicians assistants, nurse practitioners, nurse mid-wives, and other health care professionals.

Partnerships between West Virginia's colleges and universities and schools in communities which need health care professionals would also increase the number of primary care providers. High school students from rural communities interested in studying medicine should be recruited by these institutions. These students could be encouraged to become health care professionals with financial incentives such as scholarships to West Virginia medical or nursing schools. In exchange for this aid, students would agree to return to their communities and practice for a specified amount of time upon graduation.



CHILD ABUSE

Few problems for West Virginia's children are as widespread and misunderstood as child abuse and neglect. Child abuse is often difficult to detect and monitor. Through public meetings, correspondence, and consultation with health and human service professionals, the Task Force has seen an urgent demand for education about this statewide dilemma.

Two recommendations by the Task Force address the need for increased public and professional awareness to prevent, detect, and report child abuse and neglect. A third recommendation encourages the expansion of services to children and families who suffer from abuse.

CHILD ABUSE

FINDINGS	RECOMMENDATIONS
The general public is misinformed about the causes, detection, and treatment of abuse/neglect and the possibilities for its prevention.	Implement an extensive public information campaign to educate the public about abuse and neglect.
Many law enforcement and court officials who are likely to encounter abusive families need further training in identification, reporting procedures, investigations, preventive programs, and cooperation.	Enact legislation which will require uniform in-service training for those law enforcement and court officials who are likely to encounter abusive families.
Often cases of abuse and neglect go undetected in their early stages due to a shortage of Child Protective Services (CPS) workers.	Increase the number of Child Protective Services workers in order to intervene in abuse/neglect situations before they reach crisis proportions.

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RECOMMENDATION:

Implement an extensive public information campaign to educate the public about abuse and neglect.

The threat and the reality of neglect and physical and sexual abuse reaches into every aspect of society. The effects of abuse or neglect on the social, emotional, and cognitive development of a child are significant and negative (38) and will follow that child throughout his or her life. Due to the universality of the problem, the Task Force recommends that informational programs be directed to "the general public, including not only those who have suffered violence personally, but also the friends and family of victims, and those whose quality of life suffers because of the fear of potential violence." (39)

A media campaign would be most effective in reaching a large percentage of the general public. Educational radio and television announcements should concentrate on informing people of the pertinent issues and strategies for prevention. The campaign should also stress the need for comprehensive parent education services and emphasize positive parenting skills. Printed posters should be placed in elementary, junior and senior high schools to educate children and youth about abuse/neglect, its causes, and what to do when it occurs. The campaign should also provide an outlet for those at risk of perpetrating abuse to seek help before they act. This could be accomplished by including a toll-free number in the public service announcements and posters. The phones must be staffed by trained individuals who can provide the information and support necessary to prevent abuse. The telephone numbers could be linked with expanded information and referral networks.

"Major social changes are necessary for prevention on the broadest scale — ending domestic violence altogether." Therefore, educational programs should "seek to change social attitudes and understanding of domestic violence." (40)

Because information about the treatment of abuse/neglect is insufficient, it is essential that the public become aware of preventive measures. Many people misunderstand the causes and effects of domestic violence. Some fail to realize who is at fault when it occurs or how to find help for victims. Others do not even realize that they or people they know are at risk. The general public also remains uninformed about preventive measures. It is essential that the populace know how and why abuse/neglect occurs and what to do about it.

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RECOMMENDATION:

Enact legislation which will require uniform in-service training for those law enforcement and court officials who are likely to encounter abusive families.

It is essential that those who work with victims of abuse and neglect be trained in the most effective way to interact with these victims. Certain professionals are mandated by law to report child abuse (41) and currently receive some education. Communities are encouraged to supplement this required education A uniform system should be established to educate law enforcement and court officials about the complex issues of abuse and neglect. As a part of their in-service training, they should be updated on investigative procedures and preventive measures.

Several different agencies are often required to work together in the investigation and treatment of child abuse and neglect cases. Cooperation among these officials and agencies is vital to their successful intervention on behalf of these children. Professionals in social service and health care agencies, law enforcement departments, court and educational systems should be educated about methods of coordinated operation with regard to domestic violence. Client referral, information exchange, confidentiality, and conflict resolution are vital components of this coordination process. (42)

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RECOMMENDATION:

Increase the number of Child Protective Services workers in order to intervene in abuse/neglect situations before they reach crisis proportions.

The most prudent method of managing abusive situations is to predict these situations and eliminate the risk before abuse occurs. According to the Families And Children Together Network (F.A.C.T.) in Kanawha County, abusive families are often poor and/or unemployed, live in public housing, are headed by a divorced or single parent, have an alcohol or drug abuse record, and have children under twelve years of age. (43) Preventive services for these populations, in particular, must be strengthened.

Expansion and improvement of preventive services requires more Child Protective Service personnel. Between 1980-87, abuse/neglect reports averaged 1,092 per year in Kanawha County alone. An average of 319 of these were substantiated cases opened for protective services. (44) Non-professionals such as relatives and neighbors report the majority of these cases. Because there are so few Child Protective Service workers, many of these reports are not investigated until the abuse or neglect has caused permanent damage. To predict and successfully arbitrate a greater percentage of abuse/neglect cases before they reach crisis dimensions, more trained professional Child Protective Service workers must be hired for screenings and direct service.

Strengthening reporting procedures and treatment services also requires that Child Protective Services provide more assistance. A 1986 study by the U.S. House of Representatives documented that between 1980 and 1985, child abuse reports increased 51 percent while the average child welfare budget increased by only 2 percent. (45) Child Protective Services lacks the resources and the manpower to deal with all of the cases of abuse/neglect in the early stages. The presently overburdened CPS workers must have assistance to manage an even greater caseload effectively. "The mismatch between the need for services and the funding to provide them can only lead to a situation more risky for children."(46)

The Task Force members understand and accept that the state budget is limited, making recommendations requiring substantial funding nearly impossible. The shortage of funds notwithstanding, the abuse/neglect crisis has reached an extent which calls for immediate action. Although the Task Force recommends a case

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management system to best meet the needs of West Virginia's children, youth and families, this plan is a long-term one. The needs of abused and neglected children are so immense and so pressing as to call for immediate intervention, requiring the services of more Child Protective Service workers. The true tragedy of this issue is that much of the harm to these children and families could be prevented. For these reasons, the Task Force urges that this particular recommendation be given priority funding status within the Department of Health and Human Resources.

FUTURE DIRECTION

During a period of six months, Task Force members participated in seven public hearings and fact-finding missions across the state. They heard the testimony of hundreds of persons, including human service recipients, professionals, educators, elected officials, parents, children, and members of the general public. The response was overwhelming. As a result of the wealth of information gathered during their field experiences, Task Force members understand more fully the significance of these problems. With a heightened sense of urgency, they have resolved to use a variety of means to tackle them.

These visitations around the state and the openness and visibility of the Task Force have raised expectations. The Task Force was given six months in which to complete its mission. This report is the product of that mission. The Task Force realizes that the report is only a preliminary analysis of these issues, and much more time and energy are required to begin to remedy some of the ills of West Virginia's children and families.

The Task Force is committed to the recommendations in this report, and wishes to see that they are carried out. Advocacy for children and families must continue. The members of the Task Force recommend that an independent, privately funded organization be established to carry on their work, and to monitor progress in all areas of concern to West Virginia's children, youth and families.

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REGIONAL PUBLIC MEETINGS

May 31, 1989 Morgantown
Morgantown South Junior High School

June 1, 1989 Elkins
Randolph County Vo-Tech Center

June 2, 1989 Welch
Welch Emergency Hospital

June 5, 1989 Wheeling
West Virginia Independence Hall

June 6, 1989 Huntington
A.D. Lewis Center

June 7, 1989 Summersville
Friends R Fun Day Care Center

June 7, 1989 Martinsburg
Martinsburg South Middle School

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